STATE OF MAINE

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION OFFICE OF PROFESSIONAL & OCCUPATIONAL

REGULATION MAINE FUEL BOARD

35 STATE HOUSE STATION AUGUSTA, ME 04333 TEL: (207)624-8627 EMAIL: fuel.board@maine.gov Maine Relay 711 (TTY)

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icensed practical experie		. License #							
I,, License # (Name of Master Technician)									
	(Company Na	me, Address and Phone #)							
lo hereby certify that	been								
(Name of applicant)									
ınder my supervision as:	DI.		OTILIE ADDI 10/	ND1 E					
			OTH IF APPLICA						
A licensed apprentic		accumulated <u>must</u> t	e listed or affidavit w	ill be returned.					
		Tax							
rom: Month	Dav	10: Year	Month	Dav	Year				
and Has Accumulated									
and has Accumulated	1100	uis oi actual Work	penonneu on on an	ia solia laci balli	ing equipment.				
A licensed journeym	an technician								
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rom: Month	Day	Year	Month	Day	Year				
and Has Accumulated	Hou	urs of actual work	performed on oil an	nd solid fuel burn	ing equipment.				
	Hou		performed on oil an		ing equipment.				
Signature of Ma	aster Techniciar	1	Date						
Signature of Management Signat	aster Techniciar	1	Date						
Signature of Management Section 2. NON-RES	aster Techniciar	n RIENCE. This sectio	Date n to be completed by						
Signature of Management Section 2. NON-RES	aster Techniciar	RIENCE. This section	Date n to be completed by						
Signature of Management Section 2. NON-RES	aster Techniciar	n RIENCE. This sectio	Date n to be completed by						
Signature of Management Section 2. NON-RES	aster Technician	RIENCE. This section (Name of Employee Company Name, Address	n to be completed by	the current or for					
Signature of Management Section 2. NON-RES	aster Technician	RIENCE. This section (Name of Employee Company Name, Address	Date n to be completed by r) and Phone #) has be	the current or for					
Signature of Machine Section 2. NON-RES practical experience.	aster Technician	(Name of Employe Company Name, Address (Name of Appl	n to be completed by r) and Phone #) has be licant)	the current or form,					
Signature of Management Section 2. NON-RES practical experience.	aster Technician	(Name of Employe Company Name, Address (Name of Appl	n to be completed by r) and Phone #) has be licant)	the current or form,					
Signature of Machine Section 2. NON-RES practical experience. do hereby certify that supervision as a(n)	aster Technician	(Name of Employe Company Name, Address (Name of Appl	Date n to be completed by r) and Phone #) has be dicant) and peon)	the current or form,					
Signature of Management Section 2. NON-RES practical experience.	aster Technician	(Name of Employe Company Name, Address (Name of Appl	Date n to be completed by r) and Phone #) has be dicant) and peon)	the current or form,					
Signature of Missection 2. NON-RES practical experience. In the supervision as a(n) following list of duties:	aster Technician	(Name of Employe Company Name, Address (Name of Appl	Date n to be completed by r) and Phone #) has be dicant) and peon)	the current or form,					
Signature of Missection 2. NON-RES practical experience. do hereby certify that supervision as a(n) following list of duties:	aster Techniciar	(Name of Employe Company Name, Address (Name of Appl	Date n to be completed by r) and Phone #) has be dicant) and peon)	the current or form,					
Signature of Missection 2. NON-RES practical experience. do hereby certify that supervision as a(n) following list of duties:	aster Technician	(Name of Employe Company Name, Address (Name of Appl (Title of Position	Date n to be completed by r) and Phone #) has be dicant) and peon)	the current or form,	mer employer verifyir				
Signature of Management Signat	aster Techniciar	(Name of Employe Company Name, Address (Name of Appl (Title of Position ———————————————————————————————————	Date n to be completed by r) and Phone #) has be dicant) and peon)	the current or form,	mer employer verifyir				

Section 3. NON-RESIDENT EXF who has knowledge of the applicant's						
I,	(Con	nmunity Leader)				
(Street/P.O. Box/City/State/Zip)					(Phone Number)	
do hereby acknowledge that	il					
burning and solid fuel trade from:	Month	Day	To: Year	Month	 Day	Year
Signature of Communi	ty Leader		 Da	te		